

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
31-CA-217703	3/29/2018

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer <b>Cedars Sinai Medical Center</b>		b. Tel. No. <b>(310) 423-5565</b>
		c. Cell No.
d. Address (street, city, state ZIP code) <b>8700 Beverly Blvd. Los Angeles, CA 90048</b>	e. Employer Representative <b>Catherine Jeter</b>	f. Fax No. <b>(310) 423-2297</b>
		g. e-Mail <b>catherine.jeter@cshs.org</b>
		h. Dispute Location (City and State) <b>Los Angeles, CA</b>
i. Type of Establishment (factory, nursing home, hotel) <b>Hospital</b>	j. Principal Product or Service <b>Hospital</b>	k. Number of workers at dispute location <b>100+</b>

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Within the last six months, the above-named Employer has failed to bargain collectively and in good faith with the Union in violation of Section 8(a)(5) and (1) of the Act by failing and/or refusing to provide information requested by the Union, information relevant to and necessary for the Union's performance of its duties as collective-bargaining representative.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

**SEIU United Healthcare Workers-West, Local 399**

4a. Address (street and number, city, state, and ZIP code)  <b>SEIU United Healthcare Workers 5480 Ferguson Drive Los Angeles, CA 90022</b>	4b. Tel. No. <b>323-734-8399</b>
	4c. Cell No.
	4d. Fax No. <b>323-721-3538</b>
	4e. e-Mail <b>info@seiu-uhw.org</b>

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. <b>(b) (6), (b) (7)(C)</b>
By: <b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	Office, if any, Cell No.
(sign <b>(b) (6), (b) (7)(C)</b> charge)	<b>(b) (6), (b) (7)(C)</b>	Fax No.
Address: <b>(b) (6), (b) (7)(C)</b>	Date: <b>3-29-18</b>	e-Mail <b>(b) (6), (b) (7)(C)</b>

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**(b) (6), (b) (7)(C)**



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
11500 W Olympic Blvd Ste 600  
Los Angeles, CA 90064-1753

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (310)235-7351  
Fax: (310)235-7420



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April 3, 2018

Catherine Jeter  
Cedars Sinai Medical Center  
8700 Beverly Blvd  
Los Angeles, CA 90048

Re: Cedars Sinai Medical Center  
Case 31-CA-217703

Dear Ms. Jeter:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Attorney Nayla Wren whose telephone number is (310)307-7311. If this Board agent is not available, you may contact Supervisory Field Attorney Juan C. Ochoa Diaz whose telephone number is (310)307-7298.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not

enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Preservation of all Potential Evidence:** Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

**Prohibition on Recording Affidavit Interviews:** It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

**Procedures:** We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, [www.nlr.gov](http://www.nlr.gov). However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink that reads "Mori Rubin". The signature is written in a cursive, flowing style.

Mori Rubin  
Regional Director

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

CASE NAME

CASE NUMBER

31-CA-217703

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**☐ CORPORATION ☐ LLC ☐ LLP ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP ☐ OTHER (Specify )**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): ☐ CALENDAR YR ☐ 12 MONTHS or ☐ FISCAL YR (FY dates )**

YES NO

A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)  
☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000 or more If less than \$100,000, indicate amount.I. Did you **begin operations within the last 12 months**? If yes, specify date: \_\_\_\_\_**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**☐ YES ☐ NO (If yes, name and address of association or group).**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

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**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**CEDARS SINAI MEDICAL CENTER**

Charged Party

and

**(b) (6), (b) (7)(C)**

Charging Party

**Case 31-CA-217703**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on April 3, 2018, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

Catherine Jeter  
Cedars Sinai Medical Center  
,

April 3, 2018

Date

Karri Macias, Designated Agent of NLRB

Name

/s/ Karri Macias

Signature



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
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Los Angeles, CA 90064-1753

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April 3, 2018

(b) (6), (b) (7)(C)

Re: Cedars Sinai Medical Center  
Case 31-CA-217703

Dear (b) (6), (b) (7)(C)

The charge that you filed in this case on March 29, 2018 has been docketed as case number 31-CA-217703. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Attorney Nayla Wren whose telephone number is (310)307-7311. If this Board agent is not available, you may contact Supervisory Field Attorney Juan C. Ochoa Diaz whose telephone number is (310)307-7298.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or from an NLRB office upon your request.

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**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

**Preservation of all Potential Evidence:** Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to



take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

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We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink that reads "Mori Rubin". The signature is written in a cursive, flowing style.

Mori Rubin  
Regional Director



April 17, 2018

Mori Rubin, Regional Director  
National Labor Relations Board, Region 31  
11500 W. Olympic Boulevard, Suite 600  
Los Angeles, CA 90064-1753

*Re: Cedars-Sinai Medical Center; Case No. 31-CA-217703*

Dear Ms. Rubin:

Please be advised that we will represent the Employer, Cedars-Sinai Medical Center, in the above matter. I would appreciate it if you would direct all further contacts and correspondence to me.

We acknowledge that the Employer is subject to the Board's jurisdiction.

The Employer denies that it has violated the Act in any manner. Until we have further information about the allegations, however, we are unable to respond further.

Sincerely

Davis Wright Tremaine LLP



Peter G. Finch

cc: Catherine Jeter  
Mylene Brooks, Esq.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
11500 W Olympic Blvd Ste 600  
Los Angeles, CA 90064-1753

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (310)235-7351  
Fax: (310)235-7420

July 26, 2018

(b) (6), (b) (7)(C)

Re: *Cedars Sinai Medical Center*  
Case 31-CA-217703

Dear (b) (6), (b) (7)(C)

We have carefully investigated and considered your charge that Cedars Sinai Medical Center has violated the National Labor Relations Act.

**Conditional Decision to Dismiss:** Based on that investigation, it appears that your charge alleging that the Employer violated Section 8(a)(5) of the Act by failing and/or refusing to provide information requested by the Union may have merit because, until recently, the Employer failed to provide the information it had redacted from documents requested by the Union. However, I have conditionally decided to dismiss your charge six months from today because the Employer has now provided the Union with the information it had redacted from the documents and because there have not been any meritorious Section 8(a)(5) information charges against the Employer involving the Union within the past several years, the conduct alleged here was isolated in nature, had minor group impact, and/or was of a limited duration.

If a meritorious charge involving other unfair labor practices is filed against the Employer during that period, particularly meritorious charges involving the Employer's failure to provide the Union documents it has requested (without redacting relevant and necessary information, including employee names) that are relevant and necessary to the Union's performance of its duties as the collective-bargaining representative, I will reconsider whether further proceedings on this charge are warranted.

**Your Right to Appeal:** You may appeal my decision to the General Counsel of the National Labor Relations Board, through the Office of Appeals.

**Means of Filing:** An appeal may be filed electronically, by mail, by delivery service, or hand-delivered. To file electronically using the Agency's e-filing system, go to our website at [www.nlr.gov](http://www.nlr.gov) and:

- 1) Click on E-File Documents;
- 2) Enter the NLRB Case Number; and,
- 3) Follow the detailed instructions.

Electronic filing is preferred, but you also may use the enclosed Appeal Form, which is also available at [www.nlr.gov](http://www.nlr.gov). You are encouraged to also submit a complete statement of the

July 26, 2018

facts and reasons why you believe my decision was incorrect. To file an appeal by mail or delivery service, address the appeal to the **General Counsel at the National Labor Relations Board, Attn: Office of Appeals, 1015 Half Street SE, Washington, DC 20570-0001**. Unless filed electronically, a copy of the appeal should also be sent to me.

The appeal MAY NOT be filed by fax or email. The Office of Appeals will not process faxed or emailed appeals.

**Appeal Due Date:** The appeal is due on **August 9, 2018**. If the appeal is filed electronically, the transmission of the entire document through the Agency's website must be completed **no later than 11:59 p.m. Eastern Time** on the due date. If filing by mail or by delivery service an appeal will be found to be timely filed if it is postmarked or given to a delivery service no later than August 8, 2018. **If an appeal is postmarked or given to a delivery service on the due date, it will be rejected as untimely.** If hand delivered, an appeal must be received by the General Counsel in Washington D.C. by 5:00 p.m. Eastern Time on the appeal due date. If an appeal is not submitted in accordance with this paragraph, it will be rejected.

**Extension of Time to File Appeal:** The General Counsel may allow additional time to file the appeal if the Charging Party provides a good reason for doing so and the request for an extension of time is **received on or before August 9, 2018**. The request may be filed electronically through the **E-File Documents** link on our website [www.nlr.gov](http://www.nlr.gov), by fax to (202)273-4283, by mail, or by delivery service. The General Counsel will not consider any request for an extension of time to file an appeal received after August 9, 2018, **even if it is postmarked or given to the delivery service before the due date**. Unless filed electronically, a copy of the extension of time should also be sent to me.

**Confidentiality:** We will not honor any claim of confidentiality or privilege or any limitations on our use of appeal statements or supporting evidence beyond those prescribed by the Federal Records Act and the Freedom of Information Act (FOIA). Thus, we may disclose an appeal statement to a party upon request during the processing of the appeal. If the appeal is successful, any statement or material submitted with the appeal may be introduced as evidence at a hearing before an administrative law judge. Because the Federal Records Act requires us to keep copies of case handling documents for some years after a case closes, we may be required by the FOIA to disclose those documents absent an applicable exemption such as those that protect confidential sources, commercial/financial information, or personal privacy interests.

Very truly yours,



Mori Rubin  
Regional Director

Enclosure and cc's next page

Cedars Sinai Medical Center  
Case 31-CA-217703

- 3 -

July 26, 2018

cc: Catherine Jeter  
Cedars Sinai Medical Center  
8700 Beverly Blvd.  
West Hollywood, CA 90048-1865

Peter G. Finch, Attorney  
Davis Wright Tremaine  
1201 Third Avenue, Suite 2200  
Seattle, WA 98101-3045

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD

**APPEAL FORM**

To: General Counsel  
Attn: Office of Appeals  
National Labor Relations Board  
1015 Half Street SE  
Washington, DC 20570-0001

Date:

Please be advised that an appeal is hereby taken to the General Counsel of the National Labor Relations Board from the action of the Regional Director in refusing to issue a complaint on the charge in

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Case Name(s).

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Case No(s). *(If more than one case number, include all case numbers in which appeal is taken.)*

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*(Signature)*



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 31  
11500 W OLYMPIC BLVD  
SUITE 600  
Los Angeles, CA 90064-1753

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (310) 235-7351  
Fax: (310) 235-7420

October 4, 2019

Peter G. Finch, Attorney  
Davis Wright Tremaine, LLP  
920 5th Ave., Suite 3300  
Seattle, WA 98104

Re: Cedars Sinai Medical Center  
Case 31-CA-217703

Dear Mr. Finch:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

A handwritten signature in black ink that reads "Mori Rubin".

Mori Rubin  
Regional Director

cc:

(b) (6), (b) (7)(C)  
[Redacted]

Catherine Jeter  
Cedars Sinai Medical Center  
8700 Beverly Blvd.  
West Hollywood, CA 90048-1865